

Translation

APPENDIX 1

MINISTRY OF THE INTERIOR
Police Department
PO Box 257
00171 Helsinki
11 February 1985

217/601/11.2.1985

Nr 217/601/85

Instructions for the treatment of detainees

The Ministry of the Interior issues the following instructions for the treatment of detainees:

Section 1

Scope of application

For the purposes of this decision, a detainee shall refer to a person who has been apprehended or arrested and who is held in police custody.

This decision shall apply also to all detainees held in police custody for any legal reason other than crime.

Instructions for the treatment of inebriates taken into custody have been issued in a Letter of Instructions for the Police 1/1980. In the treatment of remand prisoners and sentenced prisoners, the Remand Imprisonment Act (615/74) and the Enforcement of Sentences Decree shall apply, unless their position as apprehended or arrested persons requires otherwise.

Section 2

Treatment of detainees

Detainees shall be treated with fairness and with respect for their human dignity. Their freedom may be restricted only to the extent necessary for the purposes of the coercive measure, security of detention and order.

Section 3

Preliminary search

A preliminary search of a detainee shall be carried out at the moment of apprehension. Objects shall be removed which may jeopardize the act of apprehension and transfer of the detainee or which the detainee may use to harm himself or other persons.

When apprehending and transferring detainees care shall be taken that none of their personal belongings are left behind.

Section 4

Transportation of detainees

When transported from one place to another, detainees shall be guarded, and undue attention shall be avoided.

Section 5

Search

Prior to being placed in a cell, a detainee shall be searched. Another search and a bodily search shall be conducted as necessary.

Any objects as well as medicinal and other substances shall be removed which may endanger the security of detention, maintenance of order in the place of detention or which the person may use to harm himself or other persons.

Detainees may be permitted to keep their watches and wedding and engagement rings. Money and other valuables shall be removed.

Search and bodily search shall be conducted with discretion and preferably in the presence of a witness. They shall not be carried out by or in the presence of persons of different sex than the detainee, except for doctors and other medical personnel. However, objects which can be clearly detected and which are a health, safety or security risk may be removed by persons of different sex if the detainee will not surrender them when requested.

Section 6

Examination for other details

In the search of a detainee, attention shall be paid to medical reports, prescriptions, instructions for the treatment of illness, and codes for illness. The detainee shall be asked about his illnesses or injuries and their causes.

The detainee shall be inquired about any specific dates within the period of detention, such as for appearing in court, or other dates and time limits which cannot be overlooked without a prejudice to his rights.

The officer in charge of the case shall be immediately informed of any details of this examination which require further measures.

Section 7

Information of the deprivation of liberty

The detainee shall be informed of the reason of detention as soon as he has been declared under arrest or

apprehended pursuant to a warrant of arrest.

The detainee's family or other person close to him shall be informed of the deprivation of liberty, as requested by the detainee, as soon as this does not jeopardize the clarification of the case. The information shall not be given against the detainee's will, unless there are special reasons for doing so.

Decision on the provision of information concerning the detainee shall be taken by the officer responsible for the decision on the coercive measure.

Section 8

Guarding

Detainees shall be held under guard. The purpose of guarding is to prevent detainees from escaping, communicating without permission, causing disorder, and harming themselves or other persons.

Unless the investigation or other measures require otherwise, the detainee shall be held in a closed cell where he shall be observed as required under the circumstances. He shall have a possibility to contact a guard at any time.

With a view to emergencies, the keys to the cell and the place of custody shall be kept in such a manner that also persons other than the guards can take rescue measures.

Section 9

Holding in custody

Detainees of different sex shall not be placed in the same cell. Sentenced prisoners, remand prisoners, and those detained for other reasons shall, as far as feasible, be

held separately. Remand prisoners and persons arrested on suspicion of crime shall be held in solitary confinement, if possible.

It is permissible to place remand prisoners and other detainees in the same cell for a lack of space or for other specific reasons, provided that this does not prejudice the purpose of the coercive measure.

A juvenile offender shall be separated from other detainees, when possible.

A detainee who has a communicable disease shall be isolated from other detainees.

Section 10

Transfer of detainees

Detainees shall be transferred from one authority to another only pursuant to a transfer order or other lawful document. If during the transfer the driver is changed, the receiving officer must confirm the change with his signature.

The personal belongings of each detainee shall be kept in such a manner as not to be lost or be mistaken for those of other detainees. At the end of the transfer, the receiving officer shall confirm the presence of the belongings with his signature.

Any illness of the detainee and the treatment prescribed for it, details of the security of detention, as well as dates for court appearance and other specific dates within the period of detention shall be notified to the receiving authorities.

Section 11

Order and cleanliness

The guard shall instruct the detainee in observing order and cleanliness as well as in keeping his cell clean. The detainee shall be given every day a possibility to wash as is customary, and to shave and to wash more thoroughly at least once a week.

Section 12

Health care

Medical and health care as well as medication prescribed by a doctor shall be provided to the detainee, as necessary. On doctor's orders the detainee shall be taken to be examined and treated. Special diets shall be taken into consideration in the provision of health care.

Pregnant women and women who have recently given birth shall be given the health care as required by their condition.

Detainees shall be given the medicine prescribed by a doctor. Medicines taken away from detainees shall be given according to the instructions, unless there is reason to suspect abuse. The taking of medicine shall be supervised in order to prevent abuse.

Close family members shall be informed in case of a detainee's serious illness.

Section 13

Right of access

Detainees shall have a right of access to a senior police officer in charge of the treatment of detainees and the chief of the police district to present his case.

Detainees shall be given an opportunity to discuss personal matters with a suitable person. Women detainees shall be, as far as possible, given a possibility for discussion with someone of their own sex.

Detainees may receive visitors under necessary guard. While pre-trial investigation is underway, the officer in charge may refuse visits deemed to prejudice the purpose of the detention, if abuse of the right cannot be prevented through supervision. The supervisory officer shall have right to interrupt the visit in cases where he observes something that may prejudice the investigation or the security of detention.

Section 14

Counsel

Parties shall have a right to use counsel in pre-trial investigations.

A suspect who has been apprehended, arrested or remanded for custody shall have a right to communicate with his counsel through visits, by letter and by telephone, as specified in sections 12 and 13 (b) of the Remand Imprisonment Act.

Those entitled to act as counsel in pre-trial investigation shall be lawyers in private practice and those within the legal aid system, and other persons qualified as trial representatives who have a law degree or who generally act as representatives before court.

Persons not permitted to act as counsel in pre-trial investigation are those who:

- 1) have acted as advisor to the suspect in the case under investigation, and those who
- 2) are suspected of, accused of or convicted for a crime

which will diminish their reliability as counsel.

The competence of counsel shall be determined by the officer in charge of the investigation. If a person wishing to act as a detainee's counsel in a pre-trial investigation has been refused the right to do so, the detainee shall have a possibility to have counsel who meets the qualifications. The investigation need not be postponed for this reason.

Section 15

Correspondence, mail and reading materials

Detainees shall have a right to correspond and write. They shall be supplied with the necessary materials.

Letters, messages and other mail sent by or addressed to detainees may be examined and intercepted if reasons of investigation and the security of detention so require. Letters from detainees to the President, Parliamentary Ombudsman, Chancellor of Justice, Ministry of Justice, Ministry of the Interior, Provincial Government, and Chief of the Police District shall be forwarded immediately and without examination. Letters addressed by detainees to their counsel shall not be examined or intercepted, unless reasons exist to prohibit any communication between the detainee and the counsel pursuant to section 14.

Detainees shall have a right to read. They shall be permitted to acquire and possess newspapers, periodicals and other reading materials, unless the contents prejudice the purpose of the detention. Detainees shall be provided with suitable reading materials on request.

Decision on the examination and forwarding of letters, messages and other mail as well as on the acquisition and possession of reading materials shall be taken by the

officer who took the decision on the coercive measure. If the forwarding and possession of the above items are prohibited, the items shall be returned to the detainee when he is released, unless other lawful grounds exist for the police or other authorities to retain them.

Section 16

The use of telephone

The chief of the police district or the officer who took the decision on the coercive measure may permit, in application of the instructions on the right of access and on correspondence, the detainee to use telephone. A charge shall be made in accordance with the general tariff, unless the officer who gave the permission decides differently on grounds of the detainee's indigence or for other justified reason.

Section 17

Permission to leave the place of detention

The chief of the police district may give the detainee permission to leave the place of detention, under guard, to visit a close family member who is seriously ill or to attend the funeral of a close family member or for other particularly important reason.

Section 18

Keeping and returning the detainee's personal belongings

Good care shall be taken of the detainee's personal belongings which were removed from him; they shall be kept separate from those of other detainees. They shall be returned to the detainee at the end of the detention period, unless lawful grounds exist for the police to retain them. At this request or with his consent the detainee's belongings may be given to a person of his

designation, unless lawful grounds exist to prevent this.

If the detainee has belongings which the police cannot or have no reason to take care of and which would be neglected, they shall be sent to a place of his choice, or the social welfare or other relevant authorities shall be notified of their existence. Items in the detainee's possession or taken away from him which have gone bad may be disposed of in the presence of a witness.

Section 19

Personal matters and the use of money

Detainees shall be, as far as possible, afforded assistance in attending to personal matters which they cannot manage themselves because of the deprivation of liberty and which cannot be postponed.

Detainees may, unless this is to the prejudice of the purpose of detention, receive and acquire, at their own cost and through a police officer working on his case or a guard, reasonable amounts of foodstuffs, softdrinks, tobacco, clothes and reading materials. These items shall be inspected in the presence of the detainee or a witness.

No remuneration or commission shall be accepted for attending to the detainee's affairs. Trading and other transactions between the staff and detainees shall be prohibited.

Section 20

Rest

Detainees shall be allowed to rest between 9 pm and 6 am. During this time they shall not, without a compelling reason, be interrogated without their consent; neither shall any other measures regarding them be taken.

Detainees shall not unnecessarily be disturbed during their rest at night. Their wishes regarding lighting shall be granted as far as feasible.

Detainees shall be provided with bedclothes for the night and at their request for use at other times. The bedclothes shall be changed when necessary and whenever a detainee is released or transferred.

Section 21

Food

Detainees shall be given the kind of food provided for in the instructions given by the Ministry of the Interior. They shall have a right to receive fresh drinking water. Whenever possible, they shall be provided with hot water to prepare coffee, tea or other drinks if they so request.

If a medical report or other circumstances indicate that an ordinary diet is not appropriate for a detainee because of illness or for other reasons, he shall be given special food or measures referred to in section 12 (1) shall be taken with respect to him.

Section 22

Clothing

Detainees shall have a right to wear their own clothes. Suitable clothes shall be given to a detainee whose clothes have been taken away for reasons of criminal investigation or health. Detainees shall be given an opportunity every week to change or wash clothes.

Section 23

Outdoor exercise

Detainees shall have a possibility to exercise outside

their cells or stay outdoor for a minimum of thirty minutes at least two days a week. Exercise facilities indoors or outdoors shall be provided on a daily basis, if this can be arranged without risking the security of detention.

Section 24

Smoking

Detainees may smoke and possess the necessary items, unless the chief of the police district or other officer responsible for the security of detention prohibits it on grounds of fire precautions or security. Whenever possible, smokers and non-smokers shall be placed in different cells. Smoking in the cell shall be prohibited if one of the detainees held there so requires. In cases where smoking in the cell is not permitted, the detainees shall be given an opportunity to smoke elsewhere.

Section 25

Work

A detainee shall be permitted to carry out work in the cell if he has the necessary materials and equipment, provided that this can be done without prejudice to the purpose of the coercive measure and without disturbing other detainees.

Section 26

The use of force

The use of force against detainees is regulated by chapter 3 section 8 of the Penal Code. The procedure to be followed in cases where the use of force or other measures causes injury or damage is provided for in section 28 of the Police Act (84/66).

Section 27

Placement into isolation and chaining

In order to restrain his violent behaviour a detainee may be placed into isolation, as necessary.

Detainees shall not be be chained unless this is necessary in order to prevent them from escaping during apprehension or transportation or to prevent violent behaviour which has not been contained by other means and which may endanger the detainee's or other persons' safety or result in considerable damage to property. Chaining shall not be continued longer than is necessary.

On account of the detainee's violent behaviour and the need to restrain him a doctor shall be consulted if necessary.

Decision on the placement into isolation and chaining shall be taken by a senior police officer. Under compelling circumstances these measures may be taken without such decision. In this case the measure shall be reported to a senior police officer at the first opportunity for final decision.

Section 28

Cells

The cells used to hold detainees shall meet hygienic standards as regards heating, air-conditioning, lighting and cleanliness.

The cells shall be inspected as necessary. Special attention shall be paid to the security and the condition of the security equipment.

Section 29

Responsibility for treatment

Responsibility for the custody of a detainee shall lie with the police who maintain the place of detention. The officer who took the decision on the coercive measure and the police officer investigating the case shall inform the guards of the details relating to the detainee which are necessary for the security of detention, for the prevention of unauthorized communication, and for health care.

Section 30

Custody register

The following information about detention shall be recorded:

- 1) personal details of detainee
- 2) suspected crime
- 3) any special ground of arrest referred to in chapter 1 section 3 (2) (a), (b) and (c) of the Coercive Criminal Investigation Means Act
- 4) name of officer who decided on arrest
- 5) time of apprehension, or time of arrival for pre-trial investigation as referred to in chapter 1 of section 13 (1) of the Coercive Criminal Investigation Means Act
- 6) time of taking decision on arrest
- 7) time of informing detainee of the remand order
- 8) time of making a request for remand and of making a remand order
- 9) time of release
- 10) when and to whom the notification referred to in chapter 1 section 7 (2) of the Coercive Criminal Investigation Means Act was made, and the reason for making it without the detainee's consent if this was the case, and
- 11) chaining and placement into isolation of detainee together with the reason for and duration of the measure.

In addition, the following information shall be recorded:

- 1) belongings removed from detainee as a result of the preliminary search (section 3), search and bodily search (section 5)
- 2) illnesses and injuries of the detainee (section 6), provision of medical and health care and medication, medicine given, reporting of the illness (section 12), and hearing the doctor (section 27)
- 3) dates for court proceedings and other specific dates and time limits (section 6)
- 4) confiscation of letters, messages, other mail, and reading materials (section 15)
- 5) leaving of the place of detention (section 17)
- 6) use of the detainee's money (section 19 (a)), and
- 7) return of belongings removed by the police to the detainee or third person, and disposal of belongings (section 15 and 18).

The receipt of the belongings returned by the police to the detainee or third party shall be acknowledged by signature or else they shall be returned in the presence of a witness or otherwise verifiably. A request for the return of the personal belongings to a person other than the detainee as well as the detainee's consent for the disposal of his belongings shall be in writing. The use of the detainee's money for the purposes referred to in section 19 shall be confirmed by signature.

Section 13

Miscellaneous instructions

What was said above of the police district and the chief of the police district shall also apply to the National Bureau of Investigation, Security Police, Mobile Police and their chiefs as well as to the Investigation Bureau of the National Bureau of Investigation and the chief of the Provincial Bureau, as appropriate.

Detainees shall be informed of their right of access to the instructions for the treatment of detainees, which shall be held in such a way as to enable the detainees to see and read them.

Section 32

Entry into force

This decision shall enter into force on 1 April 1985. It shall repeal the decision on the treatment of detainees issued by the Ministry of the Interior on 24 January 1975 and published in Instructions for the Police 1/1972.

Ministry of the Interior

Kaisa Raatikainen

National Police Commissioner

Olli Urponen

Translation
MINISTRY OF THE INTERIOR
Police Department

Nr Pk1 1/17 March 1980

Treatment of inebriates

In a decision taken today, the Ministry of the Interior has issued the following instructions for the treatment of inebriates:

Section 1

An inebriate

For the purposes of this decision, an inebriate shall refer to a person who has been apprehended under section 20 of the Police Act.

Section 2

Treatment of inebriates

Inebriates shall be treated with fairness and with respect for their human dignity.

Section 3

Reasons of taking into custody

An inebriate may be taken into custody if this is necessary considering the degree of his intoxication and state of health as well as the maintenance of order and security.

If a person who has been taken to the place of custody is no longer in such a state of intoxication that taking him into custody is necessary he shall be released without delay.

Section 4

Care and treatment

As far as possible, an inebriate shall receive the care and other treatment required by his degree of intoxication and state of health. The measures of taking him into custody shall be unedertaken with appropriate attention and caution.

Section 5

Illnesses

In the treatment of inebriates special attention shall be paid to any illness which resembles intoxication.

If it is found that an inebriate carries emblems or hospital, first aid or membership cards which facilitate the identification of an illness, special attention shall be paid to his condition.

Section 6

Taking an inebriate to be examined and treated

An inebriate shall be taken immediately for medical examination or treatment, if he is unconscious, if the degree of intoxication requires it, or if an injury or illness is detected which appears to render medical examination or treatment necessary. The same applies in cases where an inebriate requests medical examination or treatment, and there is no reason to consider the request unfounded.

If an inebriate has been removed for medical examination or treatment, or if he has to stay in hospital, or if he has been transported to the place of custody by an ambulance crew, the name and official position of the person taking the measure shall be recorded in a report made about the inebriate.

Section 7

Preliminary search

A preliminary search of an inebriate shall be carried out at the moment of apprehension. Objects shall be removed which may jeopardize the act of apprehension or transportation as well as objects which the inebriate may use to harm himself or other persons.

When apprehending and transporting an inebriate care shall be taken that none of his personal belongings are left behind.

Section 8

Transportation

In the transportation of inebriates undue attention shall be avoided.

During transportation, the officer accompanying an inebriate shall travel in the same part of the vehicle as the inebriate, if necessary and possible under the circumstances.

Section 9

Search

When being taken into custody an inebriate shall be searched. Any objects shall be removed which may endanger the detention or maintenance of order in the place of

custody as well as objects which the inebriate may use to harm himself or other persons. His money and valuables shall also be removed.

The search shall be conducted with discretion and preferably in the presence of a witness.

Search may not be carried out by or in the presence of a person of different sex than the inebriate, except for doctors or other medical personnel.

However, objects which can be clearly detected and which are a health, safety or security risk may be removed by persons of different sex if the detainee will not surrender them when requested.

Section 10 **Supervision**

While being transported and held in custody, an inebriate shall be placed in a position appropriate in his state of intoxication and health. In particular, attention shall be paid to a risk of suffocation resulting from nausea.

An inebriate shall not be left unsupervised for a longer period or without a possibility to contact supervising personnel.

Special attention shall be paid to an inebriate's restlessness, immobility over a period of time as well as to changes in the degree of intoxication and consciousness and the state of health.

Section 11 **Medication**

Medicines carried by an inebriate shall be removed for the

period of custody.

If an inebriate wishes to take medicine he had on him, special attention shall be paid when giving it to him to the combined effect of alcohol and the medication. As necessary, a doctor, pharmacy or the inebriate's family shall be consulted or the inebriate taken away to receive care or to be examined.

Section 12

Food

While in custody, an inebriate shall be given enough water to drink and, if necessary given the period of custody, food.

Section 13

Holding certain inebriates separate

Inebriates of different sex may not be held in the same room.

Inebriates who are under eighteen years old shall as far as possible be held separate from adult inebriates.

Section 14

Children and young persons

Inebriates who are under fifteen years old shall be placed into care of their guardian or social authorities. If this is not feasible, they can be taken into custody. The guardian or social authorities shall be notified of the measure without delay. They shall also be informed that they can collect the inebriate from the place of custody.

As far as possible, the guardian shall be informed of the taking into custody of other inebriates who are under the

age of eighteen. The guardian shall be given an opportunity to collect the inebriate from the place of custody.

Section 15

Military persons

A military person, if apprehended because of intoxication in an area where there is a garrison, shall in the first place be taken to the main guard. If this is not feasible, he shall be handed over to senior military officers as soon as he has become sober.

Section 16

Keeping and returning of belongings

Good care shall be taken of an inebriate's belongings which were removed from him; they shall be kept separate from those of other inebriates. They shall be returned to the inebriate before he leaves the place of custody, unless separate provisions exist with respect to an object or substance.

The belongings shall be returned against signature of receipt. If a person held in custody refuses to sign a receipt, the belongings shall be returned to him in the presence of a witness.

Section 17

Alcolic substances

Alcoholic drinks, beer, other alcoholic substances and denaturalized alcolic substances removed from an inebriate may be returned to him when he has sobered up. The substances in opened containers may be disposed of immediately.

A record shall be made of the presence of above substances as well as of measures taken with respect to them in the report about the inebriate.

Section 18

Coercive measures

The right to use coercive measures with respect to inebriates is regulated under chapter 3 section 8 of the Penal Code.

If the use of coercive measures results in injury or damage, the principles established in section 28 of the Police Act shall be followed.

Section 19

Containment of violent behaviour

In order to restrain his violent behaviour an inebriate shall be placed into isolation whenever possible.

An inebriate may be chained to restrain violent behaviour which has not been contained by other means and which may endanger the inebriate's or other persons' safety or result in considerable damage to property. Chaining shall not be continued longer than necessary. Special consideration shall be given to the chaining of those under eighteen.

Section 20

Decision on chaining

Decision on chaining shall be taken by a senior police officer. Under compelling circumstances this measure may be taken without such decision. In this case the measure shall be reported to a senior police officer at the first opportunity for final decision.

Section 21

Custody reports

When taking an inebriate into custody a report shall be made thereof in accordance with separate instructions. A report shall also be made of release from custody.

Items to be reported are any complaints or comments made by the person taken into custody regarding custody and treatment. Any injuries detected at time of taking the person into custody and releasing him shall also be reported.

Information about the custody of an inebriate shall not be divulged to third parties.

Section 22

Notification of custody

An inebriate's family and employer shall be notified of the fact of custody, if this is requested by the inebriate and if such notification is not regarded as manifestly superfluous.

Notification of custody shall also be made under section 16 of the Act on the Treatment of Inebriates.

Section 23

Further measures

For possible further measures, it shall be ascertained before placing a person into custody whether a warrant of apprehension has been issued for him and whether he is suspected of a crime.

Section 24**Place of custody**

The heating, air-conditioning, lighting and cleanliness of the place of custody shall meet reasonable hygienic standards.

The premises shall be inspected as necessary. Special care shall be taken of the security equipment.

Section 25**Responsibility for custody**

Responsibility for the custody of an inebriate shall lie with the police at the place of custody.

Section 26**Cooperation with other authorities**

In matters relating to inebriates, police shall cooperate with local social welfare and health care authorities.

Section 27**Entry into force**

This decision shall enter into force on 1 June 1980.

The Act on the Treatment of Inebriates together with this decision shall be available in places of custody.

Helsinki, 17 March 1980

Ministry of the Interior Eino Uusitalo

National Police Commissioner Erkki J. Korhonen

Translation

APPENDIX 2

Complaints and reported
offences

Nr / Unfounded / Reprimand or opinion stated by authority
/ Disciplinary action / Warning / Offence reported to
police / Referred to public prosecutor for charges / fine
/ dismissed / Trasferred / Decision not known / Pending

(Provincial Government
or other)

Provincial Government

- Uusimaa
- Turku and Pori
- Häme
- Kymi
- Mikkeli
- Kuopio
- Pohjois-Karjala
- Vaasa
- Keski-Suomi
- Oulu
- Lappi
- Helsinki

Parliamentary Ombudsman

Chancellor of Justice

Prison Administration Dept

National Bureau of
Investigation**Total**

x) Offence reported in the Province of Mikkeli in 1991 and 1992 concerns the same person. He was convicted in 1992, and discharged and sentenced to ten months' imprisonment.

In some reported offences, a complaint was lodged first, followed by report to police. In other cases, the matter was reported to police directly.

"Transferred" refers to cases transferred to the competent authorities or the police for investigation.

CPTTIL.XLS

											Liite 2
1991	Kantelu tai rikosilmoitus										
	kpl	Ei ai- hetta	Huom. t käsitys	Kurinp.	Var.	Rik.ilm.	SJP/ Hylätty	Sakko	Siirr. muualle	Päätös ei tied.	Kesken
Ulh	29	5	5			19	17	2			
T&P	17	12							4		
Häme	69	52				17					
Kymi	3	3				4	3	1			
Mikkeli	2	2				4	3			x)	
Kuopio	21	18	3								
P-Karjala	9	9									
Vaasa	3	3				2	1				1
K-Suomi	1	1									
Oulu	17	16	2			11					
Lappi	1	1									
Helsinki	41	21	2			24	11		2	6	
EOA	20	17	3								
OKA	3	3									
VAHO	2	2									
KRP	4	4				4	4				
Yhteensä	242	169	15	0	0	85	39	3	6	7	0
1992	Kpl	Ei ai- hetta	Huom. t käsitys	Kurinp.	Var	Rik.ilm	Sjp/ Hylätty	Sakko	Siirr. muualle	Päätös ei tied	Kesken
Ulh	32	12	3			17	17				
T&P	14	9					5				
Häme	57	36			1	21					
Kymi	9	8				7	6	1			
Mikkeli	0	0				2	1			x)	
Kuopio	23	21	2								
P-Karjala	18	18									
Vaasa	2	2				3	2				1
K-Suomi	2	2									
Oulu	23	21	2			12					
Lappi	4	2				2					
Helsinki	58	23	2			22	5		2	12	4
EOA	27	24	3								
OKA	10	7							3		
VAHO	1	1									
KRP	6	6				6	6				
Yhteensä	286	192	12	0	1	92	42	1	5	13	4
x) Mikkelin läänissä vuodelta 1991 ja 1992 on rikosilmoitus samaa henkilöä vastaan. Tuomittu 1992. Seuraamus: Viraltapano ja 10 kk vankeutta											
Osassa rikosilmoituksia on ensin tehty kantelu, josta sittemmin on kirjattu rikosilmoitus Osassa tapauksia on tehty suoraan rikosilmoitus											
Siirretty - sarakkeessa ovat tiedot niistä tapauksista, jotka on siirretty joko toimivaltaiselle viranomaiselle tai ne on siirretty tutkittaviksi rikosilmoituksina											

Translation

APPENDIX 3

MINISTRY FOR SOCIAL AFFAIRS AND HEALTH

MINISTRY OF THE INTERIOR

13 May 1992 2/632/92

For those listed under distribution

Letter of 12 May 1988 from the Ministry for Social Affairs and Health and the Ministry of the Interior

Reduction of custody cases

Since 1988, efforts have been made to reduce the large number of persons taken into police custody by improving collaboration between the police and the social welfare and health care authorities. Some progress has been made: the number of custody cases diminished by 28 per cent between 1987 and 1991. However, the initial goal was to reduce the number of cases by half from 1987 to 1993.

The police aim at taking into custody primarily those intoxicated persons who have committed crimes or are violent as well as those who risk their lives or health as a result of intoxication. As regards intoxicated persons, the Ministry of Social Welfare and Health aims at providing the necessary services for those who are problem users, young, homeless, disabled, sick or in a crisis.

The achieved reduction in the number of custody cases is largely a result of alternatives to traditional methods adopted by the police. Measures by the social welfare and health care sector have also played a role. The fact is however that alternatives to custody have been slow to

emerge. Also, the cooperation between the police and the social and health sector needs to be further intensified with a view to establishing detoxification centres and to levelling the large geographical discrepancies in the number of custody cases.

The practical guidance for the reduction of custody cases has been given by local working groups convened by the police. This form of work has yielded good experience. Geographical differences are noticeable in the activities of the working groups and some indication exists that the work has ceased in some cases. This conclusion is supported by the fact that within the past two years the reduction of custody cases has been only four to five per cent a year.

In order to reduce the number of custody cases further the efforts of the working groups should be intensified and revived, where necessary. In addition to the means in use, the group should review possibilities for providing such facilities as detoxification centres for problem users and explore alternatives to police custody. In diversifying the provision of alternatives, the authorities should bear in mind the possibility of participation by voluntary groups and other non-governmental organizations.

Minister for Social Affairs and Health

Jorma Huuhtanen

Minister of the Interior

Mauri Pekkarinen

DISTRIBUTION

Provincial Government Departments for Social Affairs and Health

Provincial Government Police Bureaus

Municipal Boards for Social Affairs

Municipal Boards for Health

Material for the reduction of custody cases:

Reducing the Need for Taking Abusers of Intoxicants into Custody: Working Group Report (Ministry for Social Affairs and Health 3/1988)

Intoxication and the Provision of Treatment and Rehabilitation (publication by the Ministry for Social Affairs and Health 20/91)

Letter Nr 2479/632/88 of 20 June 1988 to Provincial Police Commissioners and Chiefs of Police from the Ministry of the Interior Police Department

Translation

APPENDIX 4

Ministry of the Interior
Police Department

14 May 1992

To: Provincial Police Commissioners

Re: Letter Nr 2/632/92 of 13 May 1992 from the Ministry of the Interior and the Ministry for Social Affairs and Health

Subject: REDUCTION OF THE NUMBER OF PERSONS TAKEN INTO CUSTODY FOR INTOXICATION

The Advisory Board for Police Affairs proposed in the report it submitted to the Minister of the Interior on 5 November 1991 that the division of responsibilities between the police and the social and welfare authorities should be further improved. This means that only those intoxicated persons should be taken into police custody who are violent, cause disturbance, commit crimes or who may need to be taken home.

The Ministry of the Interior has, in a joint letter with the Ministry for Social Affairs and Health Nr 246/632/20 June 1988 urged the chiefs of police districts to ensure that the local working group envisaged in the report by the Ministry for Social Affairs and Health Working Group for the Reduction of Custody Cases 1988:3 be appointed and that the working groups become active without delay. The police were made responsible for convening the local working groups.

With a view to giving effect to the proposal of the

Advisory Board and to intensifying the efforts of local working groups proposed in the Working Group report, the Supreme Command of the Police, after consulting with the Ministry for Social Affairs and Health, advises the police districts to check whether the working groups are active and, if not, to ensure that they resume their work. The intention is for the working groups to operate on a continuing basis and to monitor the trends in the number of custody cases in their regions and to cooperate in finding permanent solutions for a long-term reduction of the number of persons taken into custody.

The local working groups should take steps for intoxicated persons to be taken to detoxification centres referred to in sections 2 and 3 of the Act on the Treatment of Inebriates where they can receive medical care needed in that condition. Because intoxication as such is not a crime, police have no reason to restrict the freedom of a person merely for the purposes of detoxification, except in cases where the person has committed a crime or he has acted violently, caused a great deal of disturbance, or where his life or health is at risk.

Especially in the of case of problem users and heavily intoxicated persons, the assessment of the health of persons taken into custody often requires great medical expertise, which police do not have. The working group should, taking into account the resources available locally, aim at a situation where intoxicated persons are taken to a place where their condition can be assessed and medical care be provided. Health care authorities should be contacted for agreement on the provision of suitable premises to ensure medical services. Likewise, the working group should examine, together with the municipal authorities, the possibility of finding a place for long-term abusers of alcohol to use on a voluntary basis for detoxification. The persons should have a possibility to

stay on the premises, have food, wash, and launder their clothes.

The working groups should establish themselves and endeavour to carry into practice the proposal made by the Advisory Board and to reach the goals set in the report of the Working Group bearing in mind that the police will in future discontinue the practice of taking intoxicated persons into custody except for the cases cited above.

The Provincial Government Police Bureaus are urged to transmit the letter sent by the Ministries (dated 13 May 1992) together with this letter to police districts and to ensure that the working groups adopt the principles expressed in this letter as the foundation of their actions.

Inspector General of the Police Reijo Naulapää

Chief Superintendent
Hannu Hannula

APPENDX Letter by the Ministry for Social Affairs and
 Health and the Ministry of the Interior of 13
 May 1992

FOR INFORMATION

Secretary General
Ministry for Social Affairs and Health
National Board for Social Affairs
National Board for Health
Ministry of the Interior/Rescue Department
Union of Finnish Towns
Finnish Municipal Association

APPENDIX 5

COUNSEL EXCLUDED FROM INTERROGATIONS

Province/Unit	Nr	%	Nr	%
	1991		1992	
Uusimaa	2	0	0	0
Turku and Pori	12	0	16	0
Häme	0	0	0	0
Kymi	0	0	0	0
Mikkeli	0	0	0	0
Kuopio	0	0	0	0
Pohjois-Karjala	0	0	0	0
Keski-Suomi	0	0	0	0
Vaasa	0	0	0	0
Oulu	0	0	0	0
Lappi	0	0	0	0
Helsinki Police	0	0	0	0
National Bureau of Investigation				
	0	0	0	0
Total	14	0	16	0

In the Province of Uusimaa, there were two cases of counsel being excluded, out of a total 100 000 cases of interrogation in 1992.

This represents some 0.0002 % of the total figure for interrogations.

No statistics as such are compiled of the number of interrogations.

Translation

APPENDIX 6

Helsinki Detoxification Centre has two full-time nurses. Their shifts are staggered in such a way that they are present at a time when the largest number of persons are taken into custody. Their shifts over a period of three weeks is as follows:

Nurse 1		Nurse 2
	Week I	
Mon	off duty	off duty
Tue	off duty	1pm - 9.30pm
Wed	1pm - 9.30pm	7am - 3pm
Thu	12 - 9.30pm	7am - 3pm
Fri	6pm >	11am - 6.30pm
Sat	> 7am; 6pm >	off duty
Sun	> 7am	off duty
	Week II	
Mon	off duty	off duty
Tue	off duty	1pm - 9.30pm
Wed	off duty	1pm - 9.30pm
Thu	12 - 9.30pm	7am - 3pm
Fri	6pm >	11am - 6.30pm
Sat	> 7am; 6pm >	off duty
Sun	> 7am	off duty
	Week III	
Mon	off duty	off duty
Tue	off duty	off duty
Wed	1pm - 9.30pm	7am - 3pm
Thu	12 - 9.30pm	7am - 3pm
Fri	11am - 6.30pm	6pm >
Sat	off duty	> 7am; 6pm >
Sun	off duty	> 7am

Translation
HELSINKI POLICE DEPARTMENT

APPENDIX 7
PERMANENT INSTRUCTION
Nr 24/1987/H
8 may 1987

Instructions for the protection of the personnel against HIV and other communicable diseases and for the treatment of persons who have or are suspected of having AIDS

1 GENERAL

The personnel of the Police Department shall in the performance of their official duties observe these instructions for the protection against HIV infection and other communicable diseases and for the treatment of persons suffering or suspected of suffering from AIDS.

Persons who have AIDS or HIV infection or other communicable disease shall be treated objectively and with respect for their human dignity.

In the treatment of a person subjected to police action safety at work considerations shall be borne in mind, and working techniques shall be acquired to prevent viral transmission.

A person suffering from a communicable disease who is in need of medical treatment shall not be taken into custody for intoxication or detained in police custody before a medical examination has been carried out and he has received the necessary treatment. A person who is ill shall be taken for medical examination by a doctor, preferably by ambulance. It is for the doctor to decide whether the person can be taken into police custody or whether he will stay in hospital.

2 SAFEGUARDS AGAINST HIV INFECTION

2.1 HIV and AIDS

AIDS is an infectious disease caused by HIV, which is closely related to a leucaemia virus. It has been known only since the early 1980s. Not everybody who is infected by HIV develops AIDS. The current data suggests that the majority of those who are infected remain without symptoms, although all persons who have been infected carry the virus for the rest of their lives. It would seem that five to twenty per cent of those infected develop AIDS within two to five years.

HIV proliferates in the body and invades certain white blood cells, T helper lymphocytes which play an important role in the immune system. The virus gradually destroys these cells, leading to diminished resistance and, as a result, to various infectious diseases and certain malignant tumours which are otherwise rare.

The virus also enters the brain and causes some patients a fatal inflammation of the central nervous system. AIDS is the final stage of the disease, marking the total destruction of the immune system.

The number of AIDS patients doubles in Europe at six-to-nine-month intervals and in USA at ten-to-eight-month intervals. No vaccine has so far been developed, and no cure is known.

2.2 HIV transmission

HIV is nearly always transmitted in sexual or blood contact.

HIV has been isolated from a number of different samples

such as white cell fraction, (peripheral blood, bonemarrow specimen), plasma and serum, sperm, vaginal discharges, saliva, lachrymal fluid, urine, lumbar fluid, lung lavage liquid, and tissue samples (blood cells, brain tissue, lymphoid tissue and lung tissue).

However, AIDS is not transmitted very easily. It is not transmitted through shaking hands, or through using food utensils, or public premises, vehicles or public toilets.

The disease is prevalent in risk groups who are mostly homosexual and bisexual men with several sex partners. Other groups at risk are intravenous drug users, haemophiliacs, and persons who have sexual contact with prostitutes.

Transmission takes place through blood and semen. Drug users are infected by sharing needles or syringes with infected people.

2.3 Individual safeguards against AIDS

Persons taking care of AIDS patients are not at any particular risk, if they avoid contact with blood. Equally, the risk of police personnel of being infected by HIV in the course of their work is limited; no police officer is known to have been infected in his work.

The risk of transmission is however real in cases where police action is directed to a person carrying HIV, and his blood or secretion or tarnished objects are handled, with some of the blood or secretion entering into lesions or open cuts in the skin. HIV can also be transmitted by sharp and pricking objects which cut wounds in the skin and are tarnished with blood or secretion.

Hazardous situations arise in the context of apprehension,

transportation, placement into custody, and search carried out in order to secure some of the other tasks; in the use of force; and in the handling of dead bodies.

Safeguards to be adopted to reduce the risk of infection:

Use disposable gloves whenever blood, secretion and tarnished objects need to be handled. Do not wear gloves to touch surfaces or objects which are also handled without gloves. Remove gloves directly after completing your task and put them into a plastic garbage bag. Wash hands with soap and water, also after wearing gloves. Gloves may be substituted for plastic bags in emergency.

Wash and disinfect hands and skin tarnished with blood and secretion at once.

Clean surfaces (e.g. service counter) tarnished with blood or secretion at once with disposable towels and disinfectant containing chlorine. Put the towels into a garbage bag immediately.

Wash and disinfect clothes and vehicles soiled with blood or secretion and clean directly.

To reduce the risk of infection, keep clients with blood on them separate from other clients in police custody.

Disinfection may be requested from the Disinfection Service of the Health Care Department (Tel 70991) in cases where police uniforms, premises or vehicles have been badly soiled with the blood or secretion of a person who is known to carry HIV or who can reasonably be suspected thereof.

2.4 Elimination of the virus

It is known that HIV is eliminated at temperatures of +56-68 degrees Centigrade within 30 to 300 minutes. For example, washing clothes in a washing machine will kill it at 60 degrees. Also, 40 to 60 per cent alcohol destroys the virus. Disinfectants which contain chlorine also kill it. Klorite, for example, diluted for normal use, destroys it in a minute. A disinfectant called Hibitane is available at the various workplaces within the Police Department to eliminate the virus through disinfection.

2.5 Holding an HIV carrier in police custody

If a carrier of HIV or a person reasonably suspected of being one is intoxicated, he may be placed into custody in the Helsinki Police premises in Töölö. Also persons detained under the Police Act and remanded for custody by the uniformed police on criminal grounds shall be held there. Those detained by the Criminal Police are held on the premises of the Police Station in Pasila.

An HIV carrier shall be held in a cell separate from other persons. Disposable plates and utensils shall be used to serve meals, and the person may be given a garbage bag for his own use, as necessary.

If there is need to transfer an HIV carrier from a department or office to another, the receiving officer shall be informed of the HIV infection.

A person who has AIDS and needs medical attention shall be taken to Aurora Hospital. An HIV carrier who needs treatment for his injuries shall be taken to a first aid clinic. If an HIV carrier requires treatment under the Mental Health Act a doctor shall be called to the police premises.

2.6 Measures to be taken in accidents

If a person treating an HIV carrier or handling his belongings receives a cut or a prick and there is reason to suspect infection, do as follows:

- squeeze blood out of the cut lightly
- rinse the cut with disinfectant and a lot of water
- go to a health centre for an AIDS test without delay

Follow-up: test the person transmitting infection; if the test result is positive, test the staff member again.

2.7 Notification of accidents

Under the Accident Insurance Act, an industrial accident to an employee shall be notified to the employer at once. Because even a minor industrial accident may, after a number of years, lead to a disability pension, it is important that the details of industrial accidents are recorded from the outset.

Therefore, accidents involving personnel shall be reported to the appropriate bureau of investigation on Form S, together with specific details. Form S need not be completed if the accident is reported on Form R.

2.8 Compensation of damage caused in the exercise of duties (Decrees 794 and 881/80)

A person who is employed by the state shall be entitled to compensation, on certain conditions, for the damage caused to his clothes or other property in the exercise of his duties. An application for compensation shall be filed with the Finnish State Treasury within three months of the incident. Because the Treasury may, as necessary, request

the comments of the Police Department on the need of compensation, a reliable account of the accident and other necessary evidence shall be enclosed with the application.

Therefore, every member of the Police Department who seeks compensation for damaged clothes or other property shall report the details of the accident at once to the appropriate bureau of investigation on Form S. If the details of the accident are reported on Form R , Form S need not be completed.

3 PROTECTION AGAINST OTHER COMMUNICABLE DISEASES

3.1 Police assistance to health care authorities

The Act on Communicable Diseases (583/86) divides communicable diseases into three categories: those that are generally dangerous, those that must be reported, and other communicable diseases.

The Decree on Communicable Diseases (786/86) classifies HIV infection under diseases which have to be reported.

The Act places police under an obligation to render assistance to health care authorities at the request of the City Health Board in order to prevent the spreading of a communicable disease which is generally dangerous. Such assistance shall be the responsibility of the Transport and Alcohol Department.

3.2 Protection against other communicable diseases

In the treatment of persons suffering from a communicable disease, the above instructions on safeguards against HIV shall apply, as appropriate. In the provision of assistance to health care authorities their instructions shall apply.

Police Commissioner

Tapani Elomaa

Acting Director
Administrative Department

Tapani Luoma

Translation

MINISTRY OF JUSTICE

PRISON ADMINISTRATION DEPARTMENT

1022/441/91

9 september 1991

To: Medical personnel of prisons and Turku Prison Mental Hospital

HEALTH EDUCATION

The Prison Administration Department is sending samples of health education material on HIV prepared by the Finnish AIDS Information and Support Centre. The leaflets are available from the Centre; P.O.Box 106, 00161 Helsinki, tel. 90-175 822. Other leaflets available in the series "Kondomi rauhoittaa" (Use condom, be reassured), in addition to the enclosed sample materials, are "Puhu pelkosi" (Talk about your fears) and "Yksin yössä" (Alone in the night), providing information on the Centre and tests, and leaflet Nr 3 entitled "Spermalasti Hot Rubberissa" (A load of sperm in a Hot Rubber), designed for those with homosexual relationships.

The Department would like to reiterate that, around the world, prisons are seen as central to combatting HIV infections, and education and information as the best tools. In particular, information to prisoners must be on a continuing basis, but it is also important to keep the staff abreast with developments in the subject. The leaflet "Yhdessä AIDSia vastaan" (Combatting AIDS together) gives details of information packages available from the AIDS Information and Support Centre. The Department has sent a letter (Dno 1592/14/88 of 10 June 1988) to the effect that it will provide funding for health education on AIDS to prisoners under budgetary item 25.50.21.3-2 on the basis of bills received.

Director General

K.J.Lång

Head of Prison Medical Services

Leena Arpo

Translation

MINISTRY OF JUSTICE

PRISON ADMINISTRATION DEPARTMENT

10 June 1988

1592/14/88

To: Prison directors and chief medical officer of Turku
Prison Mental Hospital

EDUCATION ON AIDS

Several institutions within the prison administration have already undertaken to educate staff on AIDS, using either doctors in their staff or those from the outside. It has become evident from various occasions that factual and up-to-date information continues to be needed. In addition, prisoners should be given systematic information and advice on AIDS and other communicable diseases.

While the prison administration does not know of any person to have become infected with HIV, the Department deems it important that both the staff and the prisoners are given health education on the subject. Education may be provided on a number of days to permit maximum participation by staff members. Prisoners should be given such education at least annually. Education plays an important role in removing anxiety, reducing the risk of transmission, and in treating humanely and professionally persons who fear transmission or have been infected. Information on AIDS is an essential component of education about human relationships and sex, but also of education about drugs, because the number of new cases of HIV infections among intravenous drug users is increasing the world over.

The Finnish AIDS Information and Support Centre has agreed to offer their education services to the prison administration. On 24 May 1988 the Prison Staff Training

Centre devoted the day to information on AIDS as part of the basic examination for prison officers. One of the lecturers was Markku Salmen, a specialist nurse and lecturer from the Information and Support Centre who has gained considerable practical knowledge in working in an AIDS hospital in the USA for three years. He is at the disposal of prisons for education purposes. Lectures cost 300 marks per hour, plus travel expenses. Two to three-hour lectures are recommended. The Centre is located at Linnankatu 2 B, postal address P O Box 106, 00161 Helsinki, and the telephone number is 90-175822.

The Prison Administration Department provides funding for information on AIDS to prisoners under budgetary item 25.50.21.3-2 on the basis of bills received. For staff, the funding must be secured from the Department in advance.

Director General of Prison Administration K.J.Lång

Head of Prison Medical Services Leena Arpo

For information: Chief Inspector Tytti Toukkari
Financial office
Finnish AIDS Information and Support
Centre

Translation

MINISTRY OF JUSTICE

INSTRUCTION Nr17/4/91/7.10.1991

PRISON ADMINISTRATION DEPARTMENT

7 October 1991

Subject: Availability of condoms in prisons

Competence: Section 10 of the Remand Imprisonment Act, chapter 2 section 8 of the Enforcement of Sentences Decree, and sections 34, 35 and 77 of the Decree on Prison Administration

Effective: as of 7 October 1991 until further notice

Repealing: "Supply of condoms in prisons", letter nr 254/44/87, of 30 March 1987, from the Prison Administration Department

AVAILABILITY OF CONDOMS IN PRISONS

An increasing number of those infected with HIV are intravenous drug users. In many countries, there is larger proportion of infected persons among prisoners than among the population on average. In prisons the virus may be transmitted not only through unclean syringes and needles used to inject drugs but also through homosexual partners. WHO and the Parliament of the Council of Europe have stressed the responsibility of prison administration officials in preventing HIV infections.

The most important aspect of preventing HIV is information. A key element is to provide information on the risk of transmission present in unprotected intercourse and on the need to learn to use a condom. The principle of normalcy adopted in prison administration means that prisoners must have access to the information

and other preventive health care which meets the same standards as that available to people at liberty.

A WHO expert group, which consisted of experts in health care and in the treatment of prisoners as well as of experts of administration in both fields, has recommended that, in order to reduce the risk of transmission, consideration should be given to making condoms available in prisons. The Parliament of the Council of Europe recommended in 1988 that the Committee of Ministers urge the governments of the member states to ensure that prisoners have access to condoms.

With reference to the above, the Ministry of Justice Prison Administration Department issues the following instructions on the availability of condoms in prisons:

1. Released prisoners and prisoners going on prison leave

Each prisoner who is released or is going on leave may be given a package of five condoms free of charge. The Prison Administration Department believes that the most appropriate way of providing them is when prisoners are changing clothes. Discretion should be observed in supplying them.

2. Other prisoners

The establishments should ensure that condoms are readily available to prisoners, without attracting undue attention. Because the provision of condoms should be seen as part of the prevention of HIV infections and other sexually transmitted diseases, the Department deems it appropriate that condoms be available at least from the medical personnel. A reasonable number of condoms may be

given to prisoners free of charge. In addition, care should be taken to ensure that condoms are available in the premises designed for unsupervised visits by the family.

Director General of Prison Administration K.J.Lång

Head of Prison Medical Services Leena Arpo

Translation

MINISTRY OF JUSTICE

Nr 2/4/92

PRISON ADMINISTRATION DEPARTMENT

1992

INSTRUCTION

30 January

Subject: Prisoners' personal hygiene

Competence: Sections 34, 35 and 77 of the Decree on Prison Administration

Effective: as of 15 February until further notice

Repealing: Circular Nr 451/7/18 of 25 November 1985

PRISONERS' PERSONAL HYGIENE

Chapter 2 section 8 of the Enforcement of Sentences Decree provides that care must be taken of prisoners' health.

With respect to remand prisoners, a corresponding provision can be found in section 10 of the Remand Imprisonment Act. Chapter 3 section 4 of the Enforcement of Sentences Decree places prisoners under an obligation to observe cleanliness in and outside of a penal institution. Remand prisoners are, under section 8 of the Remand Imprisonment Act, required to observe cleanliness. According to section 35 of the Decree on Prison Administration prisoners should receive guidance in taking care of personal hygiene.

To permit prisoners to fulfil their obligation regarding standards of personal hygiene and to apply in practice the guidance received, the Ministry of Justice Prison Administration Department issues the following instructions:

1. Basic hygiene kit

A basic hygiene kit shall be provided free of charge to every remand and sentenced prisoner and to every prisoner serving a term of prisonment for non-payment of fines.

The kit contains a soap, toothbrush, toothpaste, cup, toothpicks, package of disposable razor blades, comb, shampoo, package of tissues, and a leaflet on health care in prison administration.

2. Purchase of basic hygiene packs and distribution to prisoners

A basic hygiene kit shall be given to a prisoner on arrival at a penal institution. A new kit shall be provided following a year's uninterrupted imprisonment. Upon transfer to another institution a prisoner shall not be entitled to receive a new kit. Basic hygiene kits shall also be distributed in open prisons. Instructions regarding prisoners' clothes shall apply as regards the purchase, distribution and receipt of the kits. The fact of handing over a kit to a prisoner together with a date thereof shall be recorded in a register of the prisoner's outfit. The consumption of basic hygiene kits shall be subject to accounting in an institution.

3. Possession of basic hygiene kits

Basic hygiene kits shall be given over to the personal possession of prisoners. The possession of items and substances contained in the kits shall be subject to the provisions of the Enforcement of Sentences Decree on personal belongings.

4. Other ways of ensuring personal hygiene

Communal washrooms in institutions shall be fitted with shampoo and soap dispensers.

Women shall be provided with the necessary amount of sanitary towels and tampons.

Care shall also be taken to ensure that effective and safe disinfectants are available in washrooms. Medical personnel shall be consulted about their choice.

Director General of Prison Administration K.J.Lång

Head of Prison Medical Services Leena Arpo

Translation

MINISTRY OF JUSTICE

PRISON ADMINISTRATION DEPARTMENT

Helsinki 17 November 1986

Medical personnel in prisons

The Ministry of Justice Prison Administration Department is sending for your information a memorandum on the treatment of HIV positive prisoners within the prison system. The memorandum was a subject of discussion at a meeting of prison directors.

Director General of Prison Administration K.J.Lång

Acting Head of Prison Medical Services Christine Hedman

MINISTRY OF JUSTICE

Memorandum

PRISON ADMINISTRATION DEPARTMENT

20 October 1986

Christine Hedman

2543/44/86

Acting Head of Medical Services

TREATMENT OF HIV POSITIVE PATIENTS IN THE PRISON SYSTEM

While there have so far been no HIV-positive prisoners in the prison system it is expected that a number of questions will arise regarding accommodation and placement of prisoners, safety at work and similar, if prisoners with HIV enter the system. Specific instructions for the treatment of HIV-positive prisoners are difficult to give; the approach will have to be case by case. This memorandum addresses some of the problems.

HIV tests in the prison are voluntary and subject to the prisoners' consent. The confidential nature of test results should be respected by addressing the letters containing them directly to the medical personnel. In cases where a prisoner informs the prison doctor about his HIV infection this should be reported to the Head of Prison Medical Services, as should be information about the samples taken in the prison which have tested positive.

On learning about a positive result the prison doctor should notify it to the prisoner in a private consultation without delay. The doctor should inform the patient about the relevant facts and find out about his situation and his reactions. The patient may be respond to the news by going into shock, and should therefore receive psychological support, if necessary. The doctor should ascertain the risk posed by the prisoner as a transmitter. The doctor should also consult the patient as to whether he allows the fact of his HIV infection to be reported to

the prison director. If the prisoner permits this, the director should be notified accordingly. The director should also be reminded to keep the matter in confidence. The doctor should refer the patient to an appropriate place of treatment without delay: either to the nearest university hospital or Aurora Hospital in Helsinki.

Following the detection of a patient's HIV infection, the question of his placement and accommodation arises. According to the instructions issued to hospitals by the National Board of Health, a patient infected with HIV may generally be placed in a room shared by other patients; in prison conditions, this would mean a cell shared with other prisoners. Single rooms with a toilet and a shower might be used to accommodate patients who are very ill or suffer from a severe case of diarrhea. However, these patients should not be placed in cell with the slopping out system, because it is unnecessary to cause exposure to secretions that can be avoided. Factors affecting the placement of a patient include the doctor's assessment and considerations relating to the patient as a person.

If the patient's behaviour gives reason to fear that transmission is more probable than usually is the case, i.e. the patient has a tendency to slash himself or uses intravenous drugs even in prison, special measures should be taken which should be discussed with the Prison Administration Department. In such cases, the risk of transmission caused by the patient would have to be reported to the management of the prison for safety at work considerations. The patient should in any case be placed in a single room with a toilet. The same isolation measures are applicable as apply to patients with hepatitis B. The medical personnel should instruct the officers charged with the treatment of such a patient infected with HIV of in protection and cleaning methods. Such HIV-positive prisoners may be placed only in certain

prisons. A consideration in the placement of HIV-positive prisoners is the fact that, at least in the early stages, they probably need to go frequently to the civilian hospital treating them (Aurora hospital, university hospitals).

An HIV-positive prisoner who has symptoms of AIDS is to be treated according to the instruction of the doctor of the relevant hospital. If it becomes necessary to treat him in a civilian hospital, this is arranged. In some cases treatment in Hämeenlinna Prison Hospital and other prison medical units may be possible. Patients with terminal AIDS are likely to seek pardon, or, as far as possible, they will be treated outside the prison, or possibly the enforcement of the sentence will be suspended.

If an HIV-positive patient behaves appropriately and does not cause any particular risk of transmission, he may work as normal. In placing him, it should however be borne in mind that it may not be advisable to place him in a job with a high risk of accident and an increased probability of bloody open cuts.

An HIV-positive prisoner can use a prison toilet, bathroom, sauna and other communal facilities. They should be cleaned in the ordinary manner. Attention will probably be paid in prisons to disinfecting all surfaces stained with blood or secretions with two-per cent chloramine or other suitable disinfectant.

An HIV-positive prisoner can participate in free-time activities in the usual way.

If other prisoners are aware that a prisoner is HIV-positive and subject him to harassment, the prisoner's physical safety should be guaranteed and his possibility to use sauna and free-time and other facilities ensured.

Normal every-day contacts with other people are equally a fundamental right of those prisoners who have an HIV infection or AIDS.

The personnel who are aware of a prisoner's HIV infection should try to give him psychological support.

In the care of all HIV-positive prisoners, the Head of Prison Medical Services should be consulted as a matter of routine.

Staff and prisoners should be informed about HIV infection and AIDS. Information should be available on the communicability of the disease.

Safety at work considerations should not be overlooked. The National Board of Health has issued instructions on guaranteeing the safety at work of medical personnel in prisons. They should provide training and information to prison officers and prisoner at this early stage, although no HIV-positive prisoners have been detected. In such training, emphasis should lie on safeguards in case of potential blood contact, methods of removing blood and secretions and similar aspects. Safeguards should be taken with respect to all blood, as an HIV-negative person may be a carrier, either because he was infected recently or because not all carriers become positive. If a member of the staff has come into contact with a prisoner's blood, the prisoner may be requested to submit to a blood test or the result of an earlier test be notified to that staff member at the prisoner's consent. In cases where a staff member has come into contact with a prisoner's blood in a work situation and fears transmission an HIV test may be taken as part of the occupational medical care.

The overall possibility that the infection should be transmitted from a prisoner to a guard is practically nil. Only a couple of cases are known in the world where health care personnel were infected in the performance of their duties; the virus was transmitted after several pricks of needle which was in direct contact with the patient's blood. Hundreds of similar cases are known where the virus was not transmitted. Also the risk of a prisoner transmitting the virus to another prisoner is negligible; this could generally take place between homosexual partners or in intravenous use of drugs, possibly also through unclean tattooing needles.